Derbyshire County Council

Whitestones Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Whitestones Care Home provides accommodation and personal care for up to 41 older people. At our inspection visit, 40 people were receiving care.
This included people living with dementia.

The first day of inspection took place on 13 June 2017 and was unannounced; we completed a second day on 15 June 2017 and this was announced. The service was last inspected on 15 May 2015 and was rated 'Good' overall. At this inspection we found the service remained 'Good' in four out of five questions, which gives a rating of 'Good' overall.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems and processes to monitor and coordinate staff training in line with the provider's requirements were not always effective. Prescribed creams were not dated when opened in line with the provider's policy on medicines management.

Other systems and processes to check on the quality and safety of services were in place. Risks were identified and managed. Accidents and incidents were reported and monitored. Other systems for medicines management were in place and helped to ensure people received their medicines as prescribed.

Systems were in place to ensure people's care was in line with the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control in their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff created a cheerful, relaxed and happy atmosphere for people. Staff were friendly, polite and took time to greet people. People were treated with dignity and respect. People were supported to maintain relationships with family and friends and to stay connected to their local communities.

People were able to access healthcare professionals when needed to maintain good health. People were supported by staff and other professionals who worked together to provide appropriate end of life care.

People enjoyed their meals and their preferences were met. People were supported to maintain good levels of hydration that helped their overall health. Special diets, such as any modified texture diets were provided when appropriate.

Activities for people and the general environment had been used creatively to enrich people's experiences of

living at Whitestones Care Home.

Individual care plans had been developed with people and their families; and meant people received personalised and responsive care.

People and relatives were involved in the service and their views were listened to. The management team and staff were viewed as approachable.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains 'Good'	**Good**
Is the service effective? The service remains 'Good'	**Good**
Is the service caring? The service remains 'Good'	**Good**
Is the service responsive? The service remains 'Good'	**Good**
Is the service well-led? The service was not always well-led. Not all systems and processes to check on the quality and safety of services were effective; prescribed creams were not dated when opened in line with the provider's policy. Other checks on the quality and safety of services were in place. The registered manager led the service with an open and inclusive management style and people and staff were involved in how the service developed.	**Requires Improvement**

Whitestones Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The first day of this inspection was unannounced. The inspection took place on 13 and 15 June 2017. The inspection was completed by one inspector.

We reviewed relevant information, including notifications sent to us by the provider. Notifications are changes, events or incidents that providers must tell us about. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with five people who used the service. Not everyone who used the service could fully communicate with us and so we also completed a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with two visiting relatives and three visiting healthcare professionals.

We spoke with five members of care staff including the registered manager and deputy manager. We also spoke with an activities coordinator. We looked at four people's care plans and we reviewed other records relating to the care people received and how the home was managed. This included some of the provider's checks of the quality and safety of people's care, recruitment records and staff training records.

Good

Is the service safe?

Our findings

One person told us, "[Staff] tell me what my medicines are for." When asked, a family member told us, "Medicines are okay; I have no worries there." Staff stayed with people while they administered their medicines and the registered manager checked staff involved in this were competent.

Medicines administration record (MAR) charts were mostly, but not always updated as required. Where there were gaps, completed error forms established people had received their medicines as prescribed. Staff told us they did not record the date creams were opened; this was a requirement of the provider's medicines policy as it reduces the risks associated with use of medicines. The registered manager took action to ensure all opened creams and ointments would have the date of opening recorded in line with the provider's policy.

People and their relatives told us the service was safe. One person said, "Very nice staff; none that are nasty; they look after me and ask me what I want; I do feel safe." A family member told us, "[My relative] has settled now; they feel safe here."

Potential risks to people were identified and assessed for any actions to further help reduce risks. For example staff knew to monitor people's weight if they were at risk from weight loss. Any accidents and incidents were reviewed by the registered manager for any trends. For example, we saw people at risk of falls had any falls monitored. Risks associated with the location and unforeseen emergencies had been identified and actions taken to reduce those risks. For example, personal emergency evacuation plans were in place to help provide information on how to safely evacuate people should this be needed.

Sufficient staff were available and deployed to meet people's needs. Staff were able to provide timely care for people when this was required. For example, staff responded promptly to a person's request to use the bathroom.

Recruitment records showed pre-employment checks, such as disclosure and barring checks (DBS) were completed before staff were appointed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. These checks helped the registered persons employ people suitable to work at the service.

Good

Is the service effective?

Our findings

One family member told us, "I've seen staff doing training and development; it's so important." They went on to tell us, "Staff are sympathetic to dementia; they understand dementia." All care staff we spoke with told us they had regular training for their job role. The training matrix used at the location showed most, but not all staff were up to date with training in such areas as food safety, moving and handling, infection control and tissue viability. We discussed this with the registered manager who took steps to investigate and to book staff on to any required training.

Any new staff completed a period of induction where they worked alongside more experienced staff. In addition they worked towards the Care Certificate; The Care Certificate aims to ensure care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. Staff spoke highly of the training they received and told us their knowledge was refreshed regularly. Where people had specific needs, such as using non-verbal communication methods, the registered manager had arranged for training sessions for staff. In addition pictures of signs for staff to use were in people's care plans. Staff had the skills and knowledge to care for people and communicate with them effectively.

Staff told us they had supervision and support with a member of the management team. One staff member told us they could talk with their manager at any time if they needed support. The registered manager had introduced a system to plan and track staff supervision to ensure staff had supervision at more regular intervals throughout the year.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager kept records of DoLS applications made, along with copies of authorisations and any conditions that were required; a system was in place to ensure any DoLS authorisations were reviewed and renewed when necessary before they expired.

People received sufficient food and drinks to maintain good health. One person told us, "That was a lovely lunch." A family member we spoke with told us their relative, "Likes the meals here and has a good appetite; they use the tea room as well." We saw people visited the on-site tea room for drinks and snacks; people looked happy and relaxed sitting together sharing conversation and drinks. One health professional, with responsibility for monitoring people's health, told us people's hydration levels were maintained at a good level and this helped to prevent further infections. During mealtimes people were offered choices and different quantities of food depending on their appetite. People who required assistance or reminders to eat, received care from staff in a timely and discreet manner. Special diets, such as modified texture diets were recorded in care plans and known by staff.

One person told us they had scratched their hand and they had a bandage on it. They told us, "I've seen the District Nurse." All the healthcare professionals told us staff monitored people's health effectively. For example they told us staff monitored people's weight and made them aware of any weight loss so appropriate referrals to dieticians could be made. One healthcare professional who visited regularly to review people's health told us, "This is the best example I've had of health and social care working together." Records confirmed other healthcare services were involved with people's care when needed; for example, speech and language therapists. People were supported to access other healthcare services when needed in order to maintain good health.

Good

Is the service caring?

Our findings

One person told us staff were, "Friendly." Another person told us, "It's very nice here; staff are cheerful." Family members we spoke to all mentioned the caring approach of staff, and commented on how staff would always greet people as they saw them throughout the day. One family member told us, "Staff would say to [my relative], 'Nice to see you again'; that was special; they've been recognised for being someone." They went on to tell us, "From the top to the bottom staff do seem to care; even in the office, staff are so gentle and so reassuring to people; there's a vibe of caring here." Staff we spoke with shared the view there was a caring culture at the service. One staff member told us, "A really caring culture is encouraged here." Staff were caring and gentle with people.

People were involved in their care. One family member told us, "[My relative's] care plan has developed over time." They said staff added to and updated the care plan as they built up their knowledge of their relative; they told us they had been involved and had their views listened to as well. They said, "[Staff] do listen and talk to people." Records showed people, and when appropriate, their families or advocates had been involved in their care plans.

Care plans demonstrated people were supported with their independence. For example, care plans showed what people could do for themselves and what they needed help with. Staff we spoke with told us they supported people with their independence. One staff member told us, "We encourage people to walk with any aids; even a few steps with a frame can help people; we have input and advice from GPs and nurses to help people." People's independence was promoted.

All staff we spoke with told us they were respectful of people's privacy and took steps to promote their dignity. One staff member told us how a person who required assistance to get to a bathroom was supported in a discreet manner. During our inspection we observed staff provide timely and discreet care to people who required help with their personal care. People had been involved in saying what 'dignity' meant to them and their responses had been used to create a display celebrating dignity in care in the service. The service had been awarded a 'Dignity Award' from the local authority in recognition of the actions taken by the service to promote people's dignity. this meant steps had been taken to promote people's privacy and dignity.

Throughout our inspection we saw staff were there for people if they required any reassurance. One person told us the carpets had been cleaned in the lounge where they usually sat. They told us they felt a bit unsettled sitting in a different area but that staff had reassured them. They said, "Staff did explain we would have to move today." We saw staff checked how the person was feeling and reassured them they would soon be able to go back to their usual place. One staff member told us, "[Name of person] can be anxious; we sit and chat for five minutes until they have settled; no-one goes unattended." One family member we spoke with told us, "The relationship between staff and [my relative] has built up." Staff were able to spend time with people and build up positive relationships with them.

As well as staff, we also spoke with healthcare professionals involved in supporting people at the end of their

lives at Whitestones Care Home. One staff member told us when people were close to the end of their lives, "The District Nurses visit every day; they help us to know what to look for." We saw practical arrangements were in place to help people manage any pain towards the end of their lives; for example, medicines were arranged and held ready in anticipation of a person requiring pain relief. In addition, records showed advance decision making was in place for people. One healthcare professional told us they had been involved in training staff at Whitestones Care Home in end of life care. They told us when it was time people were able to die calmly with the involvement of their families, if this was their wish. Arrangements were in place to provide people with appropriate care at the end of their life.

Good

Is the service responsive?

Our findings

One family member told us, "People have space to walk around; the layout helps people to be calmer; each room has a nice outlook." We saw the environment had been developed to help people, living with dementia, to orientate themselves. Colour had been used to differentiate between doors people used, for example noticeable colours for people's own bedroom or a bathroom, and less noticeable colours used on doors for rooms only used by staff. A bus stop with a seat had been developed in response to a person who had memories of catching the bus. Throughout the walkways there was regular seating that allowed people to walk a little way and take a rest when needed. A kitchen with height adjustable work surfaces was available for people to use when the activities staff supported people with baking activities. Activities staff told us smells of bread and cakes being baked helped people reminisce. The environment had been developed to help provide responsive and personalised care to people.

Staff knew about what was important to people. For example, we saw people were involved in an art project that had used farm animals as a theme; this was because many people came from rural backgrounds and animals were important to them. One person told us they were fond of the pet cat that lived at the service as they had always kept animals. Other features around the service reflected people's backgrounds; for example, heaters that looked like wood burning stoves with baskets of logs next to them. We saw people made use of the many reminiscence items around. For example, we saw a person looking through photographs of the local area. Staff understood people's life experiences and used this knowledge to enrich and personalise their experience of living at Whitestones Care Home.

One person told us they made visits back to their family home. We saw photos of local college students working alongside people at Whitestones Care Home; the activities staff told us they encouraged activities with local young people in the community and had also arranged for local schools to visit for concerts. Regular local bus trips were arranged to take people on sight seeing tours of the local area; familiar to many people who lived at the service. One family member told us, "[My relative] goes out on the bus; they enjoy that." People were supported to keep their involvement with their local community.

Care plans were developed with contributions from people and their families. One family member told us, "All of us [relatives of the person] have been involved in writing the care plan." They went on to say, "We all came to look round before [my relative] came to live here." Records showed where care plans had been reviewed with people and their families.

People told us they knew how to make a complaint. One family member told us, "I would say if I was not happy." The registered manager told us no formal complaints had been made since the last inspection; however procedures were in place to respond to and manage any complaints should they be made.

Requires Improvement

Is the service well-led?

Our findings

Systems and processes designed to check on the quality and safety of services were not always effective. For example, the system used to ensure staff were trained in line with the provider's expectations did not reflect with certainty and accuracy the actual staff training undertaken. For example, the training matrix showed one person was overdue training on moving and handling by one year; however another training record for this person showed they were up to date with their moving and handling training. In addition, the policy to record the date prescribed creams were opened, to ensure medicines were only used when effective, had not been followed; nor had audits of medicines identified the policy had not been followed. We discussed these with the registered manager who introduced changes to date any prescribed cream with immediate effect; they also took action to meet with staff responsible for coordination of staff training to improve the recording, monitoring and arrangements for staff training.

Other systems and processes to check on the quality and safety of services were effective. Care plans and risk assessments were audited on a monthly basis and records we reviewed were up to date. Equipment had been maintained and serviced in line with required timescales. Other audits were completed to ensure services met with required standards, in areas such as infection prevention and control and health and safety.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had submitted notifications when required. Notifications are changes, events or incidents that providers must tell us about.

Families we spoke with told us the service was well-led. One family member told us, "To me, it's well-run." Other health professionals we spoke with also shared this view. One told us, "The registered manager is personally involved; she wants this to work; her heart is in this building."

Staff felt supported by their managers. Staff shared the view the registered manager and deputy manager were approachable and listened to any concerns. Staff understood their roles and responsibilities. A new rota system was in the process of being implemented and staff understood how this affected them. Records showed meetings were held with staff where good practice was reinforced and staff were given opportunities to contribute their ideas to improve the service for people. The service was led with an open and inclusive management style.

People and their families were involved in how the service was run and developed. Records showed meetings were held with people and their families and their ideas and suggestions were listened to. Families' contributions of help with cleaning and tidying patio and garden areas were also welcomed. Short questionnaire type surveys had been used to obtain people's views on such areas as their room, meals and staff attitudes. We saw those returned were positive in their comments. People's views were used to develop

the service.